FULTON FINANCIAL CORP

Form 4

August 04, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

SECURITIES

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

FREER P	ATRICK J		Symbo FULT [FUL	ON F	ΊΝ	ANCIAL (CORI		(Check	all applicable)
(Last)	(First)	(Middle)	3. Date of Earliest Tra (Month/Day/Year) 07/27/2006					_	_X Director Officer (give tit elow)	Owner r (specify	
PA	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				A 	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Ta	ıble I -	Nor	-Derivative	Secui	rities Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transa Code (Instr.	8)	4. Securities on Disposed of (Instr. 3, 4) Amount	f (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
\$2.50 par value common stock	07/27/2006			J	V	209.782 (1)	A	\$ 16.3689	23,490.4718 (2)	D	
\$2.50 par value common stock	07/27/2006			J	V	2.2512 (1)	A	\$ 16.3689	252.084	I	Spouse
\$2.50 par value common stock	07/27/2006			J	V	40.3925 (1)	A	\$ 16.3689	47,638.955	I	Stricker Insurance Agency, Inc. (3)

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\$2.50 par

22,875.4718 value V 615 08/02/2006 D \$0 common

stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transactio	5. orNumber	6. Date Exer Expiration D		7. Title Amoun		8. Price of Derivative	9. Nu Deriv
Security	or Exercise	(any	Code	of	(Month/Day		Underly		Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	`	1001)	Securiti		(Instr. 5)	Bene
(211021.0)	Derivative		(Interior Buji Teur)	(11511.0)	Securities			(Instr. 3		(11101110)	Own
	Security				Acquired			(212547.5)	1)		Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						ì
					4, and 5)						
									Amount		
									r		
							Expiration Date		Number		
						Exercisable					
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

FREER PATRICK J

X

PA

Signatures

George R. Barr, Jr., 08/04/2006 Attorney-in-Fact

**Signature of Reporting Person Date

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Reinvestment of Dividends
- (2) Shares held jointly with spouse.

Reporting Owners 2

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(3) The reporting person disclaims beneficial ownership of any shares held in the name of Strickler Insurance Agency, Inc. beyond his pro rata ownership of the Corporation.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.